

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

OCPAC

ADDRESS (number and street)

976 Pacific Avenue

☐Check if different
than previously
reported. (ACC)

Willows

CA

95988

9788

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00424358

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☒April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2008

through

03

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kelly Lawler

Signature of Treasurer

Electronically Filed by Kelly Lawler

Date

04

10

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
OCPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		54771.24
(b) Cash on Hand at Beginning of Reporting Period	54771.24	
(c) Total Receipts (from Line 19)	5364.17	5364.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60135.41	60135.41
7. Total Disbursements (from Line 31)	5001.46	5001.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	55133.95	55133.95
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

OCPAC

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 8

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
(i) Itemized (use Schedule A)	5.00	5.00
(ii) Unitemized	5005.00	5005.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	5005.00	5005.00
12. Transfers From Affiliated/Other Party Committees00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	359.17	359.17
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5364.17	5364.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5364.17	5364.17

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1001.46	1001.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1001.46	1001.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	4000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5001.46	5001.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5001.46	5001.46

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5005.00	5005.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5005.00	5005.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1001.46	1001.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1001.46	1001.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OCPAC

A.

Full Name (Last, First, Middle Initial)

Maurine Campbell

Mailing Address 125 S Las Palmas Avenue

City

Los Angeles

State

CA

Zip Code

90004-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 0 8

Transaction ID: SA11AI-17-144-c

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 12

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

OCPAC

A.

Full Name (Last, First, Middle Initial)

Wells Fargo

Mailing Address 4850 Barranca Parkway

City

Irvine

State

CA

Zip Code

92604-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.17

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 8

Transaction ID: SA17-3-147-m

Amount of Each Receipt this Period

120.90

Interest

B.

Full Name (Last, First, Middle Initial)

Wells Fargo

Mailing Address 4850 Barranca Parkway

City

Irvine

State

CA

Zip Code

92604-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.17

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 0 8

Transaction ID: SA17-3-158-m

Amount of Each Receipt this Period

138.44

Interest

C.

Full Name (Last, First, Middle Initial)

Wells Fargo

Mailing Address 4850 Barranca Parkway

City

Irvine

State

CA

Zip Code

92604-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.17

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 3 / 2 0 0 8

Transaction ID: SA17-3-156-m

Amount of Each Receipt this Period

99.83

Interest

SUBTOTAL of Receipts This Page (optional)

359.17

TOTAL This Period (last page this line number only)

359.17

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OCPAC

A.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Administrative/Salary/Overhead: Software
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-21-154-e
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)
The KAL Group

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

Purpose of Disbursement
Bookkeeping
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-13-143-e
Date of Disbursement

02 / 04 / 2008

Amount of Each Disbursement this Period

125.58

C.

Full Name (Last, First, Middle Initial)
The KAL Group

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

Purpose of Disbursement
Bookkeeping
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-13-153-e
Date of Disbursement

03 / 17 / 2008

Amount of Each Disbursement this Period

40.06

SUBTOTAL of Disbursements This Page (optional)

240.64

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OCPAC

A.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Administrative/Salary/Overhead: Software
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-21-142-e
Date of Disbursement

01 / 17 / 2008

Amount of Each Disbursement this Period

75.00

B.

Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 4850 Barranca Parkway

City Irvine State CA Zip Code 92604-1702

Purpose of Disbursement
Income Tax on Interest
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-3-151-e
Date of Disbursement

03 / 14 / 2008

Amount of Each Disbursement this Period

298.16

C.

Full Name (Last, First, Middle Initial)
Wells Fargo

Mailing Address 4850 Barranca Parkway

City Irvine State CA Zip Code 92604-1702

Purpose of Disbursement
Bank Fees
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-3-148-e
Date of Disbursement

01 / 07 / 2008

Amount of Each Disbursement this Period

56.77

SUBTOTAL of Disbursements This Page (optional)

429.93

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OCPAC

A. Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: SB21B-3-157-e Date of Disbursement																				
Mailing Address 4850 Barranca Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	5		2	0	0	8												
City Irvine State CA Zip Code 92604-1702	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">53.78</td> </tr> </table>	53.78																			
53.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Wells Fargo	Transaction ID: SB21B-3-155-e Date of Disbursement																				
Mailing Address 4850 Barranca Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	5		2	0	0	8												
City Irvine State CA Zip Code 92604-1702	Amount of Each Disbursement this Period																				
Purpose of Disbursement Bank Fees Candidate Name	<table border="1"> <tr> <td colspan="10">53.78</td> </tr> </table>	53.78																			
53.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Department of the Treasury	Transaction ID: SB21B-85-4-V Date of Disbursement																				
Mailing Address Internal Revenue Service	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	4		2	0	0	8												
City Odgen State UT Zip Code 84201	Amount of Each Disbursement this Period																				
Purpose of Disbursement Income Tax on Interest Candidate Name	<table border="1"> <tr> <td colspan="10">298.16</td> </tr> </table>	298.16																			
298.16																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

[MEMO ITEM]
Subitemization of Wells Fargo

SUBTOTAL of Disbursements This Page (optional) ►

107.56

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OCPAC

A.

Full Name (Last, First, Middle Initial)
The KAL Group

Mailing Address PO Box 984

City Willows State CA Zip Code 95988-0984

Purpose of Disbursement
Bookkeeping

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-13-139-e
Date of Disbursement

01 / 10 / 2008

Amount of Each Disbursement this Period

64.33

B.

Full Name (Last, First, Middle Initial)
CompleteCampaigns.com

Mailing Address 610 Gateway Center Way
Suite K

City San Diego State CA Zip Code 92102-4548

Purpose of Disbursement
Administrative/Salary/Overhead: Software

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B-21-145-e
Date of Disbursement

02 / 08 / 2008

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

139.33

TOTAL This Period (last page this line number only)

917.46

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OCPAC

A.

Full Name (Last, First, Middle Initial)
Feeney for Congress

Mailing Address PO Box 622345

City Oviedo State FL Zip Code 32762-2345

Purpose of Disbursement
Political Contribution:

Candidate Name
Tom Feeney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 24

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23-80-146-e
Date of Disbursement

02 / 09 / 2008

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
Thelma Drake for Congress

Mailing Address PO Box 61480

City Virginia Beach State VA Zip Code 23466-1480

Purpose of Disbursement
Political Contribution:

Candidate Name
Thelma D Drake

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 02

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23-82-149-e
Date of Disbursement

03 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00